

SC Department of Disabilities and Special Needs
ADDENDUM TO CRITICAL INCIDENT REPORTS

Name of Individual:

Provider Agency:

Name of Alleged Perpetrator(s):

Date of Incident:

REASON FOR ADDENDUM:

Brief explanation as to why Addendum is being submitted:

FINAL ACTION:

SIGNATURE:

Executive Director/ CEO/ Facility Administrator
(or Designee for Executive Director/ CEO/ Facility Administrator)

Date

Name of Person Completing Form

Send completed form within 24 hours or the next business day as a separate report (not to be included with the Initial or Final Reports)
to: Director of Quality Management, SCDDSN, PO Box 4706, Columbia, SC 29240, FAX #: 803.898.7450